Mr. DORGAN. Mr. President, I ask unanimous consent to be allowed to speak as if in morning business for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

A PRESCRIPTION DRUG BENEFIT FOR MEDICARE

Mr. DORGAN. Mr. President, I would like to speak for a few moments today about the call in the State of the Union Address for a prescription drug benefit to be added to the Medicare program.

In all of the discussions about the State of the Union and what is happening to the health of the American people, one of the underlying issues is that people are living longer and better lives. When people live longer and better lives, it means we have more strain on Medicare and on Social Security. But, of course, all of that is born of good news: People are living longer. At the start of the last century, citizens of the United States were expected to live, on average, to about 48 years of age. One hundred years later, in the year 2000, you are expected to live to be about 78 years of age—a 30-year increase in life expectancy. That is really quite remarkable.

What are the reasons for that? There are a lot of reasons: Better nutrition, new medical technologies, and life-saving prescription medicines that have been developed to extend life. There are a lot of reasons for the increased longevity.

In 1965, we created a Medicare program that has contributed substantially to the increase in longevity in this country. Prior to that time, 50 percent of senior citizens had no health care coverage at all—none. Medicare provided health care coverage to all senior citizens, and now 99 percent of older Americans in this country have basic health care protection through Medicare. That clearly has extended life and has allowed people to live longer and better lives. But in 1965 when Medicare was created, many of the prescription drugs that now exist for extending life simply weren't available. There was not, therefore, a need for a prescription drug benefit in Medicare.

The call now by the President and by Members of Congress, myself included, Democrats and Republicans alike, is for a prescription drug benefit for the Medicare program. Why? Because senior citizens in this country comprise 12 percent of our population and consume 33 percent of the prescription drugs in our country.

Let me repeat that because it is important.

Twelve percent of our population are senior citizens, but yet they consume one-third of the prescription drugs.

The cost of prescription drugs last year increased nearly 16 percent—last year alone. Part of the reason for that increase was price inflation, and part of it was a dramatic increase in utilization. But we should, it seems to me, be especially concerned about senior citizens having access to the prescription drugs they need to extend and improve their lives.

As chairman of the Democratic Policy Committee, I have been holding hearings in various parts of the country on this very subject. For instance, I held a hearing with Senator SCHUMER in Westchester, NY, and a hearing recently with Senator DURBIN in Chicago. I guess I have held perhaps six or eight hearings on this subject.

It is heartbreaking sometimes to hear the stories told at these hearings. An oncologist came to a hearing I held. He told of one of his patients who was a senior citizen, a woman who had breast cancer. And he said: There is a medicine she needs to take following her surgery, chemotherapy, and radiation that will reduce the chances that she will have a recurrence of breast cancer. When I described this medicine to her, she said: What does it cost? The doctor told her what it cost. And she said: There isn't any way I can afford that medicine. I will just have to take my chances. I will just have to take my chances of the breast cancer recurring because I can't afford the medicine.

It breaks your heart to hear that.

Or to hear a senior citizen who said: When I go into the grocery store where I purchase my medications, the first stop for me must be the pharmacy counter because I must get my prescriptions filled, so then I will know how much money I have left for food. Only then will I know how much food I can buy.

Senior citizens will find in some circumstances that they take 4, 6, or 8, and in some cases 10 and 12, different kinds of medicines at the same time. Some of them are horribly expensive. Yet most older Americans have very little prescription drug coverage.

I would like to show some charts that describe these circumstances graphically, especially for senior citizens.

This chart shows that nearly a third of senior citizens spend $1,500 a year on prescription drugs. These are people who are living on fixed incomes, and 70 percent of them have incomes of $15,000 or less.

This chart shows that nearly 75 percent of Medicare beneficiaries have inadequate prescription drug coverage. In fact, 34 percent have no drug coverage at all—none, zero. So they must go to the drugstore to buy their prescription drugs, living on a fixed income, trying to balance the need to pay heat and light and rent and food, and then try to figure out how to pay for increasingly expensive prescription drugs. Many of them find they can't do it.

They tell me at these hearings some of the measures they are forced to take: I have heart trouble, or I have diabetes, they tell me, and what I do is buy the prescription drugs that the doctor says I must have, and cut the pills in half and take half the dose so it lasts twice as long. And they hope somehow that they will avoid medical problems by doing it. It breaks your heart to hear someone 85 years of age who knows he has to take medicine to deal with his heart disease and diabetes, but who says: I can't afford it so I don't take the medicine.

As this chart shows, this is especially a problem for older women. As you can see, the majority of women have no prescription drug coverage at all. That is a very serious problem.

This chart illustrates that rural beneficiaries are less likely to have prescription drug coverage across all income groups. I represent a rural State and the many hearings I have held in North Dakota confirm this fact.

We are going to be confronted in this Congress with the question of whether we should add a prescription drug benefit to the Medicare program. When I was in New York with Senator SCHUMER, Connie Pennucci, 77 years old, said she has no prescription drug benefits and pays $200 a month out of pocket for the medications she needs to treat her arthritis and osteoporosis.

In Illinois about 2 weeks ago, a woman named Anita Milton told Senator DURBIN and I that she had a double lung transplant. Because of the way Medicaid works, she gets help to pay for her prescription drugs one month, but then the next month she has no drug benefits at all. I think she told us that her prescription drugs to prevent the rejection of her new lungs cost $2,500 a month. Think of that, $2,500 a month.

At that same hearing, this wonderful woman who had a double lung transplant was joined by two people who had heart transplants. They told us the cost of their prescription drugs that are necessary to prevent rejection of their transplanted hearts. Is all of this miracle medicine? Of course it is. But it is only miraculous if you can afford the prescription drugs that must be taken on a daily basis to ward off the rejection of the transplanted organ.

There is an urgent requirement, in my judgment, for all of us in Congress to join together to find a way to add a prescription drug benefit to Medicare. We should do it in a way that is voluntary for senior citizens. We should do it in a way that doesn't break the Treasury, and pharmaceutical prices should be affordable. But we can do that. I hope Republicans and Democrats together will recognize the urgent need to do this.

I would like to address one other issue, and that is the issue of the price of prescription drugs. Why do prescription drugs cost so much, and what can

we do about it? Let me say at the outset, I want the pharmaceutical industry to be successful. I want the drug companies to be successful. I want them to be profitable. I want them to continue to invest in new research and development to help discover new lifesaving medicines and drugs. As you know, the federal government provides a substantial investment in pharmaceutical research and development through the National Institutes of Health and tax credits. A substantial amount of research and development for new medicines is publicly funded. But the pharmaceutical industry does private research and development.

I want them to be successful. But I also want them to price pharmaceutical drugs fairly for all of the American people. In virtually every other country in which you purchase a prescription drug made by a pharmaceutical company in a plant inspected by the Food and Drug Administration, the same pill in the same bottle made by the same company costs double, sometimes triple the amount in the United States than in virtually any other country in the world. I will give you some examples.

Let me go back to some of the medications most frequently used by older Americans who consume a third of the prescription drugs in our country. If they take Zocor, a cholesterol-reducing drug, the same drug in the same dosage and quantity costs $106 in the United States, and only $43 in Canada, $47 in Mexico. These prices have been converted to U.S. dollars.

Or Prilosec, a drug for ulcers costs $105 in the U.S., $53 in Canada, and $29 in Mexico.

Zoloft, a drug for depression, costs $195 in America, $124 in Canada, and $155 in Mexico. The list goes on.

This chart shows it better. How much do we pay for prescription drugs? For every $1 that American consumers pay for a prescription drug, that same drug would cost much less in other nations. For every dollar Americans spend for prescription medications, Canadian consumers pay 64 cents, the English pay 65 cents, the Swedes pay $68 cents, and the Italians pay 51 cents.

Why do U.S. consumers pay the highest prices in the world for prescription drugs? The answer is because the pharmaceutical industry can charge as much as they want if they choose to do so —and they do.

I took a small group of senior citizens to Emerson, Canada, recently. They purchased prescription drugs at the pharmacy in Emerson. These are senior citizens with heart disease, osteoporosis, diabetes, and other illnesses. Guess what. We went 5 miles across the border into Canada and there they could buy the same prescription drugs at a small percentage of the price of the prescription drugs in this country. These are the same pills, made by the same company, often actually made in the United States and then shipped 5 miles north into Canada. Yet, if U.S. consumers were to buy them in the United States, they are charged much higher prices.

Is that fair? No. If this is truly a global economy, then it seems to me that pharmacists in this country ought to be able to access those same drugs in any market in the world and pass the savings on to their customers. That would, in my judgment, force the pharmaceutical industry to reprice their products in the United States.

As I said when I started, I want the pharmaceutical industry to make money. I want them to do good pharmaceutical. The Wall Street Journal calls the profits of the pharmaceutical industry ''the envy of the corporate world.'' Why? At least in part, it seems to me, it is because the U.S. consumer is charged very, very high prices for the same drug that is marketed in the rest of the world at a much lower cost. I have introduced a piece of legislation, the International Prescription Drug Parity Act, that I and a bipartisan group of cosponsors are going to try to get passed in this Congress to address this problem.

These issues of pharmaceutical drug costs and a prescription drug benefit in Medicare are very important issues. Lifesaving medicine is only able to save lives if people can afford to have access to that medicine. Too many Americans find these prices are out of their reach. Too many senior citizens living on fixed incomes are finding they are not able to afford the medicines that are necessary for them to prolong their lives, to improve their lives, and to treat their diseases or illness. We in Congress can do something about that. But I would say this. Even as we try to add a prescription drug benefit to Medicare, we must find a way to put some downward pressure on prescription drug prices and provide some fairness relative to what the rest of the world pays for the same prescription drugs.

Mr. President, I again thank the Senator from Iowa for the courtesy. I know the bankruptcy bill is on the floor.

I yield the floor.

Mr. SPECTER. Mr. President, parliamentary inquiry: Are we still in morning business?

EXTENSION OF MORNING BUSINESS

The PRESIDING OFFICER. It would be appropriate to extend morning business. Under the order we are to go to S. 625.

Mr. SPECTER. Mr. President, I ask unanimous consent that I may speak for up to 15 minutes as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SPECTER. I thank the Chair.

(The remarks of Mr. SPECTER pertaining to the introduction of S. 2015 are located in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

YONGYI SONG

Mr. SPECTER. Mr. President, I want to say a few words about a distinguished Pennsylvanian, the librarian from Dickinson College in Carlisle, PA, Mr. Yongyi Song, who was greeted tumultuously in Philadelphia on Saturday afternoon when he returned from the People's Republic of China after having been held in custody there since August 7.

Mr. Yongyi Song came to the United States some 10 years ago and has become a world-renowned scholar on the Cultural Revolution. In addition to his regular duties at Dickinson College, he has published extensively on the Cultural Revolution.

Last August, he and his wife Helen made a trip to the People's Republic of China so that he could continue his research. While there, he was taken into custody on August 7. Thereafter, his wife was released, but on Christmas Eve he was charged with transmitting state secrets.

A careful analysis of the case raises very severe questions as to whether there was ever any substance to the charges. A campaign was waged by scholars and academicians and by colleges and universities across the land to obtain his release. Dickinson College retained a very distinguished attorney, Jerome Cohen, an expert in Chinese affairs, who took up the cause.

A resolution was submitted last Wednesday by this Senator with quite a number of cosponsors—Senator BIDEN, the ranking member on the Foreign Relations Committee, being the principal cosponsor; in addition, Senator SANTORUM and others.

After consultation with Secretary of State Albright and others in the State Department, I sought a meeting with the Chinese Ambassador, which I had last Friday late in the morning.

Before going to the meeting, I heard rumors that Yongyi Song might be released. While I met with the Chinese Ambassador, I was delighted to find that he handed me a piece of paper announcing Mr. Song's release, and gave me the word that Mr. Song would soon be on a Northwest airliner headed for Detroit, and ultimately for Philadelphia.

We thank the People's Republic of China and we thank the Chinese Ambassador for Mr. Yongyi Song's release. We regret that he ever was taken into custody. But when he returned and commented to the news media, on a galaxy of cameras—both television and still cameras—and to many newspaper reporters, Mr. Song commented that he